



## **Adjustments - System Documentation**

Non-browser, Instructions  
EDS - Project Number NCH000024

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Information Technology Section

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And Substance Abuse Services

**APS Manual 1011**

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## 1. INTRODUCTION

This project is to develop an Integrated Payment and Reporting System (IPRS) for the North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SA). The division will use the IPRS to process, track, pay, and report on all claims submitted by providers for services rendered to its constituent population. Billing providers will submit a single claim to the State, and the division's IPRS will pay the claim from the appropriate funding sources, including Medicaid, "Pioneer", Thomas S., Willie M., Special Populations, Mental Retarded (MR)/Mentally Incapacitated (MI) and capitated risk contracts. The system is designed to provide the division, Local Managing Area (LMA)s, and area programs with "seamless integration" of DMH and Division of Medical Assistance (DMA) client, provider, prior authorization and claims data for eligibility lookup and claims filing processing and payment.

DMH/DD/SA services respond to the mental health, developmental disability and substance abuse needs of the people of North Carolina with a variety of programs and services. This division is responsible for administering federal and state funds designated for MH/DD/SA services, operating the State institutions, ensuring area programs meet funding requirements for Federal and State aid, and administering State standards for facility operations and licensing.

DMH/DD/SA currently uses several different systems for the reimbursement of services provided to clients. The Unit Cost Reimbursement (UCR) systems are maintained by the State and reside on an International Business Machine®<sup>1</sup> (IBM) mainframe. These systems are not integrated, and there is no central system for storing client eligibility information. IPRS replaces the existing UCR system with one integrated system for processing all MH/DD/SA claims. This provides DMH/DD/SA with a significantly enhanced system that includes increased flexibility to implement unique policy and payment strategies for MH/DD/SA patients in a timely and cost efficient manner. In addition, the UCR system reduces the amount of State funds required to maintain multiple claims processing systems, establishes a central repository of recipient data, allows the State to more closely monitor service delivery, eliminates potential over-billing, simplifies claim filing practices, and reduces claim's payment-cycle time.

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<sup>1</sup> IBM® is a registered Trademark of the International Business Machine Corp. All Rights Reserved.



## 2. SCOPE

IPRS includes a new and unique provider eligibility subsystem for DMH/DD/SA services and provides a method of entering provider information for the division and the pilot sites by using browser-based screens. An established process is used to determine a central provider identification number which links to the LMA assigned provider number.

Provider number cross-referencing is established for providers that have more than one provider number. Specific provider information may be used to trace the provider back to the local managing agency. For maintenance of provider information, DMH/DD/SA services will also have the ability to add, suspend, cancel, terminate, modify or delete their providers. In addition, IPRS will provide a secure environment for the entry of provider data and provider information maintenance.

The IPRS project provides the DMH/DD/SA with a centralized Client Eligibility System, which will include Pioneer, Thomas S. and Willie M. clients. The information stored in this system will be used to process service claims submitted by billing providers.

The DMH/DD/SA currently uses the Pioneer Unit Cost Reimbursement System, which includes a number of interrelated and integrated policy and procedure components to assist the LMA with service delivery. Thomas S. and Willie M. clients are subsets of the pioneer population. The current Thomas S. and Willie M. systems maintain the eligibility data of each specified age disability program and level of eligibility (where appropriate) for which the client is eligible. Pioneer does not contain any client eligibility data. IPRS maintains this data, which is received directly from the LMAs and Thomas S. and Willie M. systems.

This document provides a structured examination of system parameters for Software Engineers (SE)s as defined in copybooks which identify the coding/programming behind the IPRS effort.

For those using strictly IPRS browsers, keep in mind that browser fields mirror the non-browser SE fields, and extracts data from a non-browser source (data base), making this document valuable for understanding copybook information and Data Element Definitions (DED)s (common elements for both).



### 3. ACRONYMS AND TERMS/ABBREVIATIONS

This section covers acronyms, terms, and abbreviations used throughout this document. Unique terms and abbreviations are explained within their respective section in this document. Most code and/or DED elements are not explained or covered in this section, but are covered in their respective DED section.

#### *Acronyms*

Acronym	Definition
BA	Business Analysts
DED	Data Element Definition(s)
DMH	Department of Mental Health
EOB	Explanation Of Benefits
ICN	Internal Control Number
IPRS	Integrated Payment and Reporting System
LMA	Local Managing Area
MID	Medical Identification number: base identification number assigned to the client by the State.
SE	System Engineers
UCR	Unit Cost Reimbursement

#### *Terms/Abbreviations*

Term/Abbreviation	Definition



## 4. NON-BROWSER COPYBOOKS, FUNCTIONS, AND INTERFACE (SE/MAINFRAME)

These are the “behind-the-scene” SE workings.

### 4.1 Components

#### *Built Data Definition Files*

File Number	Copybook	Description
1.	HMBY105N	Adjustments LifeWorks Copybook
2.	HMAY018N	Data Corrections Copybook

#### 4.1.1 LifeWorks adjustment data entry

##### *4.1.1.1 Copybook HMBY105N*

The following copybook is used for adjustments entered via LifeWorks

RECORD LAYOUT DATASET : PDSRA.HMXCM.PROD.COPY  
MEMBER : HMBY105N

FIELD	FIELD LEVEL/NAME	PICTURE-	FLD	START	END	LENGTH
ROLL-TRAN-PREFIX			1	1	260	260
5 ROLL-TRAN-PREFIX	GROUP		1	1	15	15
10 ROLL-PREFIX	XX		2	1	2	2
10 ROLL-TRANSACTION-CODE	XX		3	3	4	2
10 ROLL-SOURCE	X(4)		4	5	8	4
10 ROLL-TEST-PROD-CODE	X		5	9	9	1
10 ROLL-DATE	S9(9)		6	10	14	5
10 FILLER	X		7	15	15	1
5 ROLL-ADJ-RECORD	GROUP		8	16	260	245
10 ROLL-ADJ-MID	X(10)		9	16	25	10
10 ROLL-ADJ-CLM-ICN	X(15)		10	26	40	15
10 ROLL-ADJ-FIN-PAYER	X(5)		11	41	45	5
10 ROLL-ADJ-CLM-TYPE	X		12	46	46	1
10 ROLL-ADJ-NEW-ICN	X(15)		13	47	61	15
10 ROLL-ADJMNT-CLERK	X(6)		14	62	67	6
10 ROLL-TPL-AMT	S9(7)V99		15	68	72	5
10 FILLER	X(188)		16	73	260	188

**4.1.1.2 Data Element Definitions**

<b>Data Definition File – HMBY105N Copybook File Description</b>		
<b>Data Element/Structure</b>	<b>Definition/Explanation</b>	<b>Comments</b>
ROLL-ADJ-CLM-ICN	Claim ICN being adjusted	
ROLL-ADJ-CLM-TYPE	Claim type of the claim being adjusted	This will automatically plug claim type J, system will apply correct claim type if J is not correct.
ROLL-ADJ-FIN-PAYER	Financial payer of the claim being adjusted	
ROLL-ADJ-MID	Client Medicaid Identification number (MID) of claim being adjusted	10 digit cross-ref ID number.
ROLL-ADJMNT-CLERK	Used to indicate full recoup adjustments	If the field is populated with a full recoup Explanation Of Benefits (EOB), the adjustment will complete processing in one cycle.
ROLL-ADJ-NEW-ICN	Adjustment Internal Control Number (ICN) assigned to the adjustment	Once the first claim number is keyed the system will automatically apply all subsequent ICN.
ROLL-ADJ-RECORD	Group Level of adjustment data	
ROLL-DATE	Date of Adjustment	
ROLL-PREFIX	Prefix of transaction code	
ROLL-SOURCE	Source of the adjustment	
ROLL-TEST-PROD-CODE	Production or test indicator	P or T: P = production, T = test.
ROLL-TPL-AMT	Third Party Liability Amount	
ROLL-TRAN-PREFIX	Group level of transaction prefix	
ROLL-TRANSACTION-CODE	Adjustment transaction code	



## 4.1.2 Data Corrections Copybook

### 4.1.2.1 Copybook HMAY018N

Copybook of adjustment data correction.

RECORD LAYOUT DATASET: PDSRA.HMXCM.PROD.COPY

MEMBER : HMAY018N

----- FIELD LEVEL/NAME -----	-PICTURE-	FLD	START	END	LENGTH
DC-HDR			1	1234	1234
5 DC-HDR	GROUP	1	1	34	34
10 RECD-ID	S999	2	1	2	2
10 CLM-TYPE	X	3	3	3	1
10 ICN	GROUP	4	4	18	15
15 ICN-REG	XX	5	4	5	2
15 ICN-REMAINDER	GROUP	6	6	18	13
20 ICN-JUL	X(7)	7	6	12	7
20 FILLER REDEFINES ICN-JUL					
20 FILLER	GROUP	8	6	12	7
25 FILLER	XX	9	6	7	2
25 ICN-JUL-R	X(5)	10	8	12	5
20 ICN-BATCH	XXX	11	13	15	3
20 ICN-SEQUENCE	XXX	12	16	18	3
10 ICN-CHK-DIG	9	13	19	19	1
10 FIN-PAYER	X(5)	14	20	24	5
10 PRCR-CLK-NO	XXX	15	25	27	3
10 DA-ENTRY-CLK-NO	XXX	16	28	30	3
10 FILLER	X	17	31	31	1
10 NO-OF-LN-ITM	S99	18	32	33	2
10 FILLER	X	19	34	34	1
5 DC-DETL	GROUP	20	35	1234	1200
10 TXN-DATA(1) OCCURS 1 TO 60 TIMES DEPENDING ON NO-OF-LN-ITM					
GROUP		21	35	54	20
15 TXN-CODE-ID(1)	X	22	35	35	1
15 TXN-CHANGE(1)	GROUP	23	36	39	4
20 TXN-CHANGE-LN(1)	XX	24	36	37	2
20 TXN-CHANGE-FLD(1)	XX	25	38	39	2
15 NEW-DATA(1)	X(15)	26	40	54	15
15 FILLER REDEFINES NEW-DATA					
15 FILLER(1)	GROUP	27	40	54	15
20 DATA-1-1(1)	X	28	40	40	1
20 DATA-2-5(1)	X(4)	29	41	44	4
20 FILLER(1)	X	30	45	45	1
20 DATA-7-10(1)	X(4)	31	46	49	4
20 FILLER(1)	X(5)	32	50	54	5





#### 4.1.2.2 Data Element Definitions

Data Definition File – HMAY018N Copybook File Description		
Data Element/Structure	Definition/Explanation	Comments
CLM-TYPE	Claim type	Claim type of ICN to apply data correction
DA-ENTRY-CLK-NO	Data Entry Clerk number	Three digit clerk ID
DATA-1-1	First character of NEW-DATA	
DATA-2-5	Second thru fifth characters of NEW-DATA	
DATA-7-10	Seventh thru Tenth characters of NEW-DATA	
DC-DETL	Group level definition of data correction field	Occurs 60 times
DC-HDR	Group level of header fields on data correction	
NO-OF-LN-ITM	Number of line items	
FIN-PAYER	Financial payer code	
ICN	15 Digit Internal Control Number	RRbbYYJJBBBBSS
ICN-BATCH	Batch number of ICN	BBB
ICN-CHK-DIG	ICN check digit	Number plugged at ten of claim
ICN-JUL	Julian date of ICN	bbYYJJJ
ICN-JUL-R	Last 5 positions of the Julian date	YYJJJ
ICN-REG	ICN region	RR
ICN-REMAINDER	Group level of 3 <sup>rd</sup> – 15 digits of ICN	
ICN-SEQUENCE	Sequence Number of ICN	SSS
NEW-DATA	Group definition of replacement data	
PRCR-CLK-NO	Processing clerk no	
RECD-ID	Record ID type	
TXN-CHANGE	Group level of changed line nbr and field	
TXN-CHANGE-FLD	Field number which correction is being applied	
TXN-CHANGE-LN	Line item of correction being applied	
TXN-CODE-ID	Action	C – change D – delete E – edit N – deny O – override R – recoup or repay
TXN-DATA	Group level of data field being corrected	



## DOCUMENT CHANGE LOG

Draft versions have no approval authority and may contain many iterations before approval authority.

<b>Version</b> (Major changes are new versions)	<b>Approval Date</b> (mm/dd/yy)	<b>Changed By</b> (Person who made the changes for this version)	<b>Approval</b> (Approving Authority (name) – may be “N/A”)	<b>Reason</b> (List major change reasons only)
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